## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed wh

| appropriate. All further correspondence including the Patent, advance orders and not indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a maintenance free notifications.  | ilication of maintenance tees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for |
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APPLIC

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1 hereby certify that this Fee(s) Transmittal is being deposited with the United
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| ICATION NO.                                | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.   |  |  |

050002 0300 CPUSOR 10/604.944 08/28/2003 Itzhak Bentwich TITLE OF INVENTION: BIOINFORMATICALLY DETECTABLE GROUP OF NOVEL HIV REGULATORY GENES AND USES THEREOF

| APPLN, TYPE   | SMALL ENTITY | ISSUE FEE DUE   | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE   | DATE DUE   |
|---|--------------|---|---------------------|----------------------|--|------------|
| nonprovisional  | YES          | \$700   | \$300               | \$0 .                | \$1000   | 04/12/2007 |
| EXA   | MINER        | ART UNIT  | CLASS-SUBCLASS      | ]                    |  |            |
| DEJON   | G, ERIC S    | 1631  | 702-019000          | •                    |  |            |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1,563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122 or more recest) attached. Use of a Castomer Number is resulted. |              | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                     | Suelthan<br>Teddy C. | Polsinelli Shalton Welt<br>Suelthaus PC<br>Teddy C. Scott, Jr. |            |
|   |              |   |                     | p to                 |  |            |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advance Order - # of Copies

2 Issue Fee

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rosetta Genomics LTD

Rehovot, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🚨 Governme

4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1662 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if requinterest as shown by the records of the United Sta d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

Date January 18, 2007 Authorized Signature Registration No. 53,573 5tt Typed or printed name Teddy C.

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